# FORM D

### UNITED STATES

# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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OMB APPROVAL									
OMB Number: 3235-0076									
Expires: May 31, 2001									
Estimated average burden									
hours per response	1.00								
SEC USE ONL	SEC USE ONLY								
Prefix	Serial								
DATE RECEIVED									
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SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION	Expires: May 31, 2001 Estimated average burden hours per response
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Sale of Series B Preferred Stock and the Common Stock issuable upon convertible thereof	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer  check if this is an amendment and name has changed, and indicate change.)  Imago Scientific Instruments Corporation	
	Telephone Number (Including Area Code) 608.274.6880
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Provides 3-dimensional imaging and analysis capabilities to nanotechnology industries.	
Type of Business Organization	04031232
□ Corporation   □ limited partnership, already formed	• 100
☐ business trust ☐ limited partnership, to be formed ☐ other (p	please specify):
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Actual Estimated PROCESSI for State:  MAY 27 200
GENERAL INSTRUCTIONS Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regular of 15 U.S.C. 77d(6).  When To File: A potice must be filed no later than 15 days after the first sale of securities in the offer	

Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) **Timothy Stultz** Business or Residence Address (Number and Street, City, State, Zip Code) c/o Imago Scientific Instruments Corporation, 6300 Enterprise Lane, Suite 100, Madison, WI 53719 Check Box(es) that Apply: Promoter Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Thomas F. Kelly Business or Residence Address (Number and Street, City, State, Zip Code) c/o Imago Scientific Instruments Corporation, 6300 Enterprise Lane, Suite 100, Madison, WI 53719 Check Box(es) that Apply: Promoter | ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Warren Packard Business or Residence Address (Number and Street, City, State, Zip Code) c/o Draper Fisher Jurvetson, 400 Seaport Court, Suite 250, Redwood City, CA 94063 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) **Andrew Tang** Business or Residence Address (Number and Street, City, State, Zip Code) c/o Infineon Ventures, 1730 North First Street, San Jose, CA 95112 Check Box(es) that Apply: Promoter □ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Draper Fisher Jurvetson Fund VII, L.P., and affiliated entities Business or Residence Address (Number and Street, City, State, Zip Code) 400 Seaport Court, Suite 250, Redwood City, CA 94063 Check Box(es) that Apply: Promoter ⊠ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Infineon Ventures GmbH Business or Residence Address (Number and Street, City, State, Zip Code) 1730 North First Street, San Jose, CA 95112 ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Matthew McCall Business or Residence Address (Number and Street, City, State, Zip Code) c/o Portage Venture Fund, One Northfield Plaza, Suite 530, Northfield, IL 60093 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В. Т	NFORMA'	FION ABO	OUT OFFE	RING	2			
1 77	, . ,							66 : 0			Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											$\boxtimes$	
2. What	t is the minim	um investm	ent that wil					-			\$	N/A
2 D	.1 00 :	•. • • .		c · 1	1.0						Yes	No
	the offering the informa	-	-	-								$\boxtimes$
comn offeri with	nission or si ing. If a pers a state or sta	milar remu on to be listes, list the	neration for ted is an ass name of the	r solicitati sociated pe e broker or	on of purc rson or age dealer. If	hasers in on the control of a broker more than	connection er or dealer five (5) pe	with sales registered rsons to be	of securiti with the SI listed are a	es in the EC and/or		
	(Last name			ay set forti	i the inform	ation for th	at blokel bl	dealer only	•			
Business of	or Residence	Address (N	umber and S	Street, City	, State, Zip	Code)						
	Associated Br											
	Which Person	<del></del>	·	r Intends to	Solicit Pur	chasers						
	"All States"											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	Full Name (Last name first, if individual)											
Business o	or Residence	Address (N	umber and S	Street, City	, State, Zip	Code)	···					
Name of A	Associated Br	oker or Dea	ler									
States in V	Vhich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check	(Check "All States" or check individuals States).									All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if indiv	vidual)		-							· ·
Business o	r Residence	Address (Ni	ımber and S	Street, City	, State, Zip	Code)						
Name of A	Associated Br	oker or Dea	ler					•				
States in V	Vhich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check	"All States"	or check inc	lividuals St	ates)			•••••		•••••	•••••	🔲 /	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
{IL}	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	A	A
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 5,999,999.44	\$ 5,943,695.55
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	
	Other (Specify)	\$	\$
	Total	\$ 5,999,999.44	\$ 5,943,695.55
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."	f	Aggregate
		Number Investors	Dollar Amount of Purchase
	Accredited investors	20	\$ <u>5,943,695.55</u>
	Non-accredited Investors.		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	<u>N/A</u>	\$N/A
ž.	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A
	Total	<u>N/A</u>	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish are estimate and check the box to the left of the estimate.	•	,
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	$\boxtimes$	\$ 20,000.00
	and the same of th	П	Φ.
	Accounting Fees		\$
	Accounting Fees  Engineering Fees		\$ \$
	-		
	Engineering Fees		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	ROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C - Question I ar total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gro proceeds to the issuer."	SS	\$ <u>5,979,999.44</u>
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the both to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	X	
	Payments to Officers, Directors & Affiliates	Payments to Others
Salaries and fees	<b>\$</b>	<b>\$</b>
Purchases of real estate	<b>\$</b>	<b>\$</b>
Purchase, rental or leasing and installation of machinery and equipment	<b>\$</b>	<b>S</b>
Construction or leasing of plant buildings and facilities	<b>\$</b>	<b>S</b>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger.)	\$	<b>\$</b>
Repayment of indebtedness	<b>\$</b>	<b>\$</b>
Working capital	<b>\$</b>	∑ \$ <u>5,979,999.4</u> 4
Other (specify):	<b>\$</b>	<b>\$</b>
Column Totals	<b>\$</b>	<b>S</b>
Total Payments Listed (column totals added)	<b>⊠_\$ 5,</b> 9	79,999.44

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature/	Date May 10, 2004
Imago Scientific Instruments Corporation	Vla	171ay 10, 2004
Name of Signer (Print or Type)	Title or Signer (Print or Type)	
Ralph L. Arnheim III	Assistant Secretary	

### ATTENTION

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)